

1947-1957

While the first 40 years were full of hard work, growth and change, members of the Minnesota State Board of Examiners of Nurses had little time to reflect on progress. The late 1940s were particularly busy. Writing in the Annual Report on June 30, 1948, Leila Halverson had this to share: "The board is now experiencing the greatest volume and variety of activities in its history by reason of the war-time increase in nursing school student enrollment, the institution of annual renewal of licenses, and most recently entering upon the regulation of practical nursing through the Act relating to Licensed Practical Nurses..."

The Licensed Practical Nurse Act

Administration of the Licensed Practical Nurse Act was of great concern to the members of the Minnesota State Board of Examiners of Nurses and so they consulted the Attorney General: "In the opinion of the Attorney General it would be proper to keep separate financial accounts in board office for registration and renewal registration of professional nurses and for the licensing and renewal of licenses of practical nurses; it is conceivable that sufficient income might not be immediately forthcoming from fees for licensing of practical nurses to provide compensation of members and expenses, but these items may properly be paid from the funds of the Minnesota State Board of Examiners of Nurses."

At 1:30 p.m. on August 8, 1947, all ten members of the new board met for the first time. The Temporary Advisory Committee, formed after passage of the Licensed Practical Nurse Act, gave its report. It is interesting to note the broad representation on this committee. Along with three members of the Minnesota State Board of Examiners of Nurses (Hazel Gabrielson, Pearl Engen and Leila Halverson), there were representatives of the following organizations:

- Minnesota Nurses' Association
- Minnesota League of Nursing Education
- State Office of Public Health Nursing
- State Medical Association
- Minnesota Hospital Association
- State Department of Education, Vocational Education Division
- Minnesota Diabetic Association
- Catholic Sisters
- Minnesota Practical Nurse Association
- Minnesota Farm Bureau, Women's Division
- Vocational Hospital, Minneapolis

With the help of the Temporary Advisory Committee, the board prepared a Working Manual setting forth the standards and requirement of an accredited school of practical nursing. They remained open to amendments and, in fact, had revised it once by June 30, 1948. In addition to the minimum standards required by law (a nine month program) the authors expressed a strong interest in a more inclusive program possible with an

affiliation. "There is greater interest in the one year program than in the minimum nine months provided by law."

Other business at this first meeting included: "Secretary reported applications for examination for licensure as practical nurse have been received. By motion made and carried secretary was instructed to keep separate minutes of the board meeting of 10 members...By motion made and carried board took action to proceed to secure an expert in practical nursing to assist board in its development of practical nurse program at the earliest possible time...."

Discussion of the board centered about:

- machinery for setting up course requirements for an accredited program in an institution in which a school is conducted;
- plan for accreditation; also possible future national accreditation;
- machinery for examinations for licensure
- determination of equivalence;
- affiliations and contracts;
- refresher courses;
- federal funds;
- standards of practical nurse education;
- need of sufficient time to develop as "strong a program as possible";
- application for accreditation

In November of 1948 the Board issued a new statement of qualifications for LPN licensure entitled "Who May Become Licensed in Minnesota as a Practical Nurse."

"The following is general information regarding minimum qualifications for applicants for state board examination to become licensed as a licensed practical nurse:

- Applicant must be at least 18 years of age, of good moral character, in good physical and mental health, and otherwise personally fit.
- Applicant must have completed at least an eighth grade education or its equivalent as determined by the Minnesota State Department of Education.
- Applicant must have completed a program of instruction and supervised experience in a school of practical nursing accredited by the Minnesota State Board of Examiners of Nurses.

OR

Applicant must meet one of the following equivalents (effective only through the September 1949 examination) in order to be admitted to the state board examination:

- Completion of a systematized course of instruction and supervised experience in the care of the sick, of at least nine months length, course not accredited by the Minnesota State Board of Examiners of Nurses, such a program to be evaluated by the Board. After the September 1949 examination, at least six month's additional satisfactory experience as a practical nurse will be required before admission to examination.

- An acceptable record of theory and clinical experience in an accredited school of nursing (although not a graduate of such a school), and successful practical nursing experience: such theory and experience to be evaluated by this Board.
- At least two years' varied and general experience in the care of the sick which might include experience in hospitals registered by the American Medical Association under the direct supervision of registered nurses or licensed physicians who have given personal instruction to the applicant; or in homes under the direction of licensed physicians; or under the direction of public health nursing agencies. After September 1949, experience only will not be accepted as a qualification.
- Completion of a prescribed course in the armed forces such as: U.S. Army, medical or surgical technician; U.S. Navy, Coast Guard, or Maritime Service, as hospital apprentice or pharmacist mate; plus one year's hospital experience."

(It is assumed that experience referred to above shall have been within a period very recent to the time a application for licensure.)"

On January 5, 1948 the Charles T. Miller School of Practical Nursing admitted its first class. Also on this date, the Rochester School for Practical Nurses and Homemakers opened.

The first exam for practical nurses was held on February 21, 1948. There were 461 candidates. Of these 424 (92%) passed and 37 (8%) failed. Alice Barlow, practical nurse member of the board became licensed by examination (License #1), thereby meeting the requirement of the Act that the practical nurse serving on the board be a Licensed Practical Nurse.

By 1949 there were six accredited schools of practical nursing in Minnesota, each with a one-year course. They were:

1. St. Joseph's Hospital School of Practical Nursing – Mankato
2. Charles T. Miller School of Practical Nursing – St. Paul
3. University of Minnesota Nursing Program in Practical Nursing – Minneapolis
4. Rochester School of Vocational Nursing – St. Mary's, Rochester
5. School of Practical Nursing sponsored by the Miller Memorial Hospital and the Duluth Board of Education – Duluth
6. Bethesda Hospital School of Nursing – Crookston

The Board's strong preference for a one-year course of study is evident in the minutes of the December 1951 meeting: "Motion made and carried that effective at once for any new school, a one-year program is to be offered, if the school anticipates state accreditation; by January 1, 1953, the one school – Thief River Falls – now having a 9 month's program shall have met the requirement if it is to be state accredited."

In 1955, the Board had early encounters with alternative courses of study for Licensed Practical Nurses. "Detailed information has been received about a correspondence course in practical nursing which has been carried on in part through a solicitor located in St.

Louis Park branch. The institution was called Nurses Training Institute, Box 31, St. Louis Park Branch, Minneapolis, associated with the Valley Institute of Practical Nursing, Burbank, California. The man soliciting for this course has discontinued it although he now solicits for the Wayne School of Practical Nursing, also a correspondence course. Misleading information is sent out through newspaper and other advertisements. After discussion, it was decided that when the newspapers of the State are informed about changes in the licensed practical nurse law a statement may be included that home study courses do not qualify one for licensure.”

Also in 1955, the Legislature added disciplinary language specific to Licensed Practical Nurses. The language is the same as that for Registered Nurses (1945) except that:

1. it specifies the Licensed Practical Nurse section in the Act;
2. the list of conditions for LPN discipline does not include “is guilty of unprofessional conduct.”

Examinations and Standards

Having been able to join the National League of Nursing Education State Board Test Pool in the mid-1940s, members of the board were at last relieved of the time-consuming task of writing the exams. Additionally, the Test Pool provided valuable data: “The National State Board Test Pool operated by the NLNE Department of Measurement and Guidance is used for the State Board examination, covering 13 subjects. Chemistry was added as the 13th subject in August 1947. This agency has supplied to our board in relation to its state board examination, a table of mean scores showing comparative data for the schools of nursing in Minnesota comparing the average performance of candidates in our various schools with the average performance of all Minnesota candidates; and comparing the average performance of schools of nursing and the average state performance of all candidates in all states. This provides the schools with data on their weakest subjects.”

The board’s insistence on high standards for schools of nursing is reflected in Test Pool results. The National League of Nursing Education wrote to the board, “Our records indicate that Minnesota’s rank on all of the State Board Test Pool examinations is an enviable one.”

In June of 1951, the Board discussed use of the National League for Nursing Education pre-entrance tests for schools. “Minnesota schools have not employed these tests in most instances, probably for the reason that a battery of tests had been developed years ago for use in the state which were not costly and which were easily arranged for. Now that the Department of Measurement and Guidance of the National League for Nursing Education is doing studies on records of achievement on state board examinations and the pre-entrance test results, more schools may wish to give consideration to the use of the National League for Nursing Education tests for the next classes admitted, so that in the future the individual school and the state as a whole may have the benefit of participation in such studies and of receiving the results of the studies.”

And, standards were indeed always on the minds of board members. In 1949, the secretary wrote: "The revision of the Minimum Standards of Nursing and Recommendations for Schools of Nursing is progressing; the main activities during the year in reference thereto being the comprehensive study of over 800 faculty records submitted by the faculty personnel of our schools of nursing; the preparation of proposed faculty standards; of a Working Manual prepared to serve as a guide to schools and to the board to be used in conjunction with the Minimum Standards and Recommendations for Schools of Nursing until the revisions has been completed...."

In the early 1950s, with the intent of revising curriculum standards for Minnesota Schools of Nursing, the Board requested and financed a long-term curriculum study by the Minnesota League for Nursing Curriculum Committee, with the expectation of having tentative revisions of curriculum standards ready in 1954-55.

But it was in June of 1956 that the Board made tentative plans for the revisions to its standards manual for schools of nursing. A rough first draft was to be ready in August to be discussed with representatives of schools as well as representatives of the Minnesota League for Nursing Education and the Minnesota Nurses' Association. "After a suitable time during which school faculties may have reviewed this tentative draft and returned their criticisms and suggestions, the working committee and possible consultants will make another revision...which will go to schools, to again review. The plan was to have a final conference in the spring of 1957 with publication that summer."

And the January 1958 minutes note that "Final revisions of the standards for schools of nursing delayed, but expected within the next few weeks." They were not yet done by the April Board meeting, but "expected soon."

The Board Office

A September 1947 program audit found that improvements in operations were much needed. An administrative survey undertaken by the Public Administration Service, based in Chicago, discovered some problems. "The Minnesota State Board of Examiners of Nurses is, in reality, two boards....it is one which may prove unsatisfactory in several aspects

1. The three members who participate in the work of the Board only as it relates to practical nurses have little or no opportunity to appraise directly the experience of the Board in controlling professional nursing as that experience relates to practical nursing.
2. The Board is of a size that makes for unwieldiness.
3. The regulation of professional nursing is deprived of benefits which might result from having available opinions of representatives of other interested professions."

Also: "...the Board as a group and through its individual members has actively participated in many activities which should be carried out by the staff of the agency as distinct from the Board. Among the activities which fall in this category are: the

development for submission to the full Board of detailed revisions of nursing education standards and of interpretive material for the guidance of nursing schools; the monitoring of examinations for applicants for nursing registration; and the review of cases of eligibility for licensure where relatively minor deviations from standards and precedents are involved. Participation by the Board in some of these activities may have been regarded as necessary by reason of the statutory provision which states that the Board 'shall examine, license and review the license of duly qualified applicants.' Such an interpretation, however, appears to be a remote one, and an early effort should be made to determine the extent to which the Board may make other arrangements for the performance of these more routine functions. It should be borne in mind, too, that members of the Board have full-time professional or administrative positions and that, consequently, their usefulness as Board members is influenced in part by the character of the official duties expected of them."

The audit also found that the Secretary-Treasurer was greatly overburdened with duties. "...the work load of this position has long been excessive, and recognition of this fact and of the increased volume of work of the agency as a whole.....The Board is now experiencing the greatest volume and variety of activities in its history by reason of the war-time increase in nursing school enrollment, the institution of annual renewals of licenses, and most recently by entering upon the regulation of practical nursing (you will recognize this language in Leila Halverson's report, cited in the introduction to this decade). This situation finds the Board and its full-time executive officer so burdened with the details of administration with the present organization of work that it is extremely difficult, if not impossible, for either the Board or the Secretary-Treasurer to give attention to matters other than those of the most immediately pressing nature, with the result that official life tends toward an uninterrupted series of minor crises which prevents a sound and fundamental approach to the elimination of such crises."

"In order to emerge successfully from this situation, it will be necessary that the Board take action along the following lines:

1. The Board should (following the course already permitted by statute and favored by the Board) appoint as its full-time executive officer an Executive Secretary who is not a member of the Board....
2. The Board should adopt and vigorously adhere to a schedule of priorities governing its own work and that of its staff leading to the simplification of administration.
3. The Board should provide, on a temporary basis, additional professional and clerical staff to assure the most effective utilization of the Executive Secretary in the near future....."

That the board took steps to follow these recommendations is partially evident in this 1948 report: "The development and the revisions of board procedure and policies, the reorganization of school files and the board's long term plans for its future work have added to its activities. Relationships with nursing education and general education activities and personnel in the state, in other states, and in the nation are important if our standards are to be harmonious with national objectives. It is believed that cooperative

activity by the board with other groups on the promotion of public benefits will produce other advantages far beyond their immediate objectives. By board invitation the presidents of the Minnesota Nurses' Association, the Minnesota League of Nursing Education and the State Organization of Public Health Nurses have met briefly with our board at eight of its meetings. More recently this group has enlarged to include the Director of the Division of Public Health Nursing and the nurse representative of the Hospital Licensing Division, both of the State Department of Health."

A 1954 audit of the financial records of the Minnesota State Board of Examiners of Nurses found two items of concern: "1. A \$10.00 apparent over-payment of per diem to Thelma Dodds, Board member, for November 1951. (No record in minutes or staff report or elsewhere to justify this item.) It is probable that Miss Dodds was in the Board office in regard to the revision of the Working Manual for Schools of Practical Nursing. 2. The matter of loss of mail, including money, from this office before and after January 1, 1952. This matter was thoroughly discussed...and records of office reports to locate losses and the work of the U.S. Post office were reported; at present, certain memoranda about this matter are in the hands of the Public Examiner's Office. The loss of money was due to a theft of mail by an employee of this building, and, in effect, the mail did not reach the hands of any Board employee, so there is no question of honesty of Board employees."

Technology Comes to the Board Office

During the 1950s several nursing organizations, both Minnesotan and national, contracted with a company called IBM to produce an annual inventory of registered nurses.

In the fall of 1954 a typewriter, costing \$94, was purchased.

In the fall of 1955 the Board explored the use of microfilming the 42,000 files containing applicants for licensure. Discussion was positive and it was decided to further investigate the possibility. In October the State Archives Commission requested the microfilming be delayed until Board could undertake a survey under government direction and that approval must be given before any original records could be destroyed. It took several years, but eventually all these records were microfilmed, the films stored in the state archives and the original records destroyed. April 1956: "A request for permission to microfilm our original rosters (RN and LPN) for storage in Archives has also been made. A reply is expected in May." June 1956: "The Archives Commission has authorized disposal of certain old records and correspondence of no present or historical value. It has also authorized microfilming of the official rosters of this Board."

And on November 16, 1956 the minutes note the purchase of an electric typewriter and "duplication machine called a Thermofax," for about \$300 each and approval for the purchase of dictating and transcribing machines.

Philosophy

The Introduction to the Board Members' Manual in use from 1948 – 1956 contains an important indicator of the mindset of board members and of their approach to their work.

“The duties of the Minnesota State Board of Examiners of Nurses are defined by the Statutes of Minnesota. However, as a board, so responsible for the appropriate activities in nursing education, it necessarily behooves the board to have and use for its work a frame of reference which places that work on a plane of high and lofty goals, even though the day by day work may seem perfunctory only. Unless the state board can operate in an atmosphere, properly saturated with ideals for the nursing profession and with strong convictions about the worth to society of nursing as a social necessity, the work of the board seems surely to be reduced to the more routine tasks and to be limited so severely as to fail in capturing and utilizing its unique opportunities to further the advancement of humanitarian service, so important to the world's health.”

“Accordingly, even though the duties of the board focus on our own state of Minnesota, its nurses and its schools, the board has its roots deeply embedded in a broader base of responsibility because it believes firmly in nursing as a profession and because of the international role of nursing.”

“Some reference is here made to the roots from which the board derives its philosophy. Without frequent references to their meanings and constant refinement of the interpretation of their meanings, the board's work may not be truly effective.”

“The board as a corporate group must shape or determine its philosophy of board work.”

“John Dewey has said:

If philosophy is for anything – if it is not a kind of mumbling in the dark, a form of busy work – it must shed some light upon the path. Life without it must be a different sort of thing from life with it. And the difference which it makes must be in us. Philosophy, then, is reflection upon social ideals, and education is the effort to actualize them in human behavior.”

This philosophy is clearly present in the assumptions made by the board for its legislative program in 1948.

1. Nursing is an essential world service and as such it merits and must have public support, moral and financial
2. Professional nursing standards must be responsive to a democratic society which is becoming more health conscious, but in responding to this socially sensitive attitude the profession must not make concessions or compromises which may have deleterious effects on the profession of nursing
3. Planning, formulating and executing a broad health program are matters deserving and requiring cooperative action by all concerned, the health

- professions (including nursing profession, of course), the laity and other interested groups
4. The dignity and rights of the human being are to be protected and assured
 5. In a democratic society, each citizen has responsibilities as well as privileges; the more gifted persons and those who receive greatest benefits have largest responsibilities. Members of professions are among those who have large social responsibilities
 6. Ethical principles and standards of the nursing profession must be adhered to, must be upheld, and must be interpreted to others; ethical principles must be clearly envisioned as an essential and inherent part of nursing at all times
 7. Since nursing is, in the main, a woman's profession, trends and influences on women's work must be detected, studied and reckoned with as factors which will therefore affect the nursing profession
 8. Research and study must be fundamental activities in the nursing profession
 9. Acceptance and use of work, findings and recommendations of others that are useful and appropriate and which have the nursing profession's approval serve as guides
 10. In general it is not good practice to make a "quick jump" from present to future, through abandoning the old completely and setting up new policies, but rather an orderly and systematic evolutionary procedure is desirable.

The Cold War

In the 1951 session, the Minnesota Legislature enacted a "Civilian Defense Act." The Attorney General gave the Minnesota State Board of Examiners of Nurses his opinion that, "in the event of grave emergency or disaster here in Minnesota, the Act is interpreted to mean that out-of-state registered nurses, not registered in Minnesota, as well as Minnesota nurses having delinquent or non-practicing status could serve as professional nurses, during such emergency."

From the minutes of the January 1957 meeting of the Board: "Report of state authorities having to do the Civil Defense planning was made to the Board. On December 21, 1956 information was sent regarding allocation of space elsewhere in the state for this office in the event of enemy-caused disaster. On January 15, 1957 a letter regarding the essentiality of records was received and this has not yet been answered. Board members were in general agreement that the essential records in this office would include:

- Roster of original licenses
- Board minutes
- Master Cards (approximately 45,000)
- Historical note books
- Some financial records

The Board members agreed that this office should comply with all requests relative to Civil Defense and should make beginning plans relative to duplication of records or other means of protecting them in case of disaster."

Globalization

During 1947 – 1948 six foreign nurses were registered in Minnesota. Three were from England, two from Denmark and one from the Philippine Islands. Requests for information on nursing and registration in Minnesota were received from Norway, Denmark, Germany, Holland, Belgium, France, Hawaii, China and New Zealand.

The June 1951 annual report noted that “...in the handling of request of foreign nurses to be licensed in Minnesota, it has taken many hours, much correspondence, frequent conferences and sometimes disappointments. The last seems wholly understandable when the Board office is unable to obtain the required information and the application for licensure has to be rejected by the Board.”

In August of 1955, the Board reiterated its policy for foreign-educated applicants: “...that these nurses must obtain employment in nursing in this state for at least two or three months before they are eligible to be licensed, provided of course they qualify otherwise; however, for Canadian nurses who are otherwise qualified they may be licensed when they get to Minnesota.....The new reference book published by the University of Southern California which describes the general education programs throughout the world is expected to be a valuable help in evaluating the credentials of foreign applicants.”

A Golden Anniversary

As the board celebrated its 50th anniversary in 1957, board members were:

President – Doris I. Muller
Vice President – Elsie Krug
Secretary-Treasurer – M. Isabel Harris**
Thelma Dobbs
Irene M. Donovan
Sister Rita Marie Bergeron
Ms. Kimi Hara

LPN board members were:

Mrs. Agnes Grubb, LPN
Miss Myrtle Skoog, RN
Dr. Burton Ford

Governor Orville Freeman was unable to attend the 50th anniversary celebration due to the “pressure of business here during the last ten days of the session.”

It was a fairly low key celebration. From the April 1957 minutes: “This date, April 12, 1957, marks the 50th Anniversary of the Minnesota Board of Nursing. The Minnesota Nurses’ Association – Minnesota League for Nursing Education Coordinating Council arranged a luncheon to memorialize this occasion. Board members (7 RNs) and the

professional and clerical staff attended. Representatives of most of the professional and practical schools were represented, as were some of the former Board members, including Leila Halverson, its secretary for 21 years.”

In 50 years, the board had licensed 41,104 RNs. In 10 years, 4,044 LPNs.

Preserving History

In 1953 Leila Halverson*, former Executive Secretary of the Board, was hired as a consultant to assist with “The History of Nursing Education in Minnesota” at the rate of \$15 a day for two days. The project took a bit longer. Minutes from the fall of 1954 contain the following: “Miss Leila Halverson, former Board member and department head, completed a thorough review of all school files, both for those now operating and those which have closed. Summaries of each school have been made; these give brief data about school control, accreditation status, chief nurse administrative officers, students, finances, program of studies and facilities. These summaries have been of considerable value in making readily available for reference purposes these essential facts about the schools. Miss Halverson’s personal knowledge about the schools made it possible for her to interpret confusing data more readily than others might have been able to do.”

Other Notable Happenings

In a prelude to the formation to the National Council of State Boards of Nursing, during this decade the board discussed a national organization for nursing: “At two evening meetings the board met for study of the proposed reorganization of the national nursing organization structure.”

From the annual report for 1947-48: “Postgraduate courses of nursing available in the state are medical nursing, surgical nursing, obstetric nursing, pediatric nursing, pediatric and communicable disease nursing, psychiatric nursing, tuberculosis nursing, rural community nursing and teaching and administration in the operating room.”

Also in 1948, the Board adopted the policy “that cash or personal checks not be accepted in payment of fees; money orders, postal notes and certified checks to be acceptable; to become effective ASAP.” The Board added a policy of refusing to send lists of RNs to commercial organizations for advertising purposes and also adopted a motion that “stamps be purchased bearing the facsimile signatures of the President and Secretary-Treasurer to be affixed to the original certificates of registration.”

The Cadet Nurse program, established to meet wartime demand for skilled nurses, ended in 1948.

In 1948, three schools of professional nursing were admitting male students and four others had plans to do so. Ten schools admitted married applicants. And in October of that year “the Board gave approval

- to the Minneapolis General Hospital School of Nursing to offer a curriculum for male students of nursing
- to a modified course of study in obstetrical nursing including ‘new born’ nursery to be offered male students of nursing enrolled in Kahler Hospital’s School of Nursing Rochester and St. Mary’s School of Nursing, Rochester.

On October 25, 1952, the Board discussed the Minnesota State Curriculum Requirements for Men Students and reached a decision: “...that since all nurses are required to take the same licensing examination effective January 1, 1952, the Obstetric Nursing course in the schools’ program is to be taken and completed by men students. Some adjustments and special plans may need to be arranged for men students in some parts of the clinical experience portion of the course. This information is to be sent to the schools in Minnesota admitting men students.”

Sister M. Domitilla, an early and influential member of the Board died in 1955.

During 1950 problems with several Minnesota registered nurses in regard to narcotics addiction emerged, so the Board set up a policy (12-15-50) “that a minimum of a year shall have elapsed between discharge from treatment (for addiction) and the time possible for renewal of Minnesota nurse licensure of such persons.” And the report for fiscal year 1954-55 contained this: “Reports of 38 nurses with problems of narcotic violations, alcoholism, mental illness or other major problems were handled during this fiscal year.”

In July of 1953 the University of Minnesota School of Nursing made a request for financial assistance to support a position of rural nursing instruction. “Motion made and carried that the request for financial assistance is refused...because it is for internal financial support for one school rather than a state-wide project and secondly, the Board’s financial condition does not permit such a donation at this time.” But the Minnesota Nurses’ Association helped out and in March of 1955 sponsored a special bill in the legislature to provide for salary and expenses of the rural nursing coordinator on the University of Minnesota faculty. It passed.

For the 1953-54 fiscal year, the Minnesota State Board of Examiners of Nurses spent \$290.16 on telephones, \$1,000 on stamps, \$15.65 for newspapers and \$82.98 for repairs. Fee income (LPN and RN) was \$41,854.50

In a very welcome change, legislation in 1955 renamed the Minnesota State Board of Examiners of Nurses, the Minnesota Board of Nursing. This legislation also defined a registered nurse as “a natural person licensed by the Minnesota Board of Nursing to practice professional nursing.”

In an action that would prove most positive for the future, Governor Orville Freeman in 1956 appointed Kimi Hara***, RN to the Minnesota Board of Nursing.

In 1955, the registration fee for Registered Nurses was increased from \$15 to \$20. For Licensed Practical Nurses, the fee went from \$7.50 to \$15.

Finally, while there is not room in this brief history to note the enormous individual contributions of the earliest board members and those who carried on their work, Leila Halverson, Isabel Harris and Kimi Hara deserve a special footnote.

*Leila Halverson's work has been outlined throughout previous chapters of this history.

**Ms. Harris in 1969 became the first Dean of the University of Minnesota School of Nursing (where she was paid substantially less than two men who were named deans at the same time). She served in the U.S. Army Nurse Corps from 1942-1946 and came to the University (where she earned both a master's degree and a doctorate) as a nursing lecturer in 1947. According to a long time associate, Ms. Harris was a force for change – getting the medical establishment at the university to see the value of a nursing school that would be separate from the Medical School and have its own dean took many years. She served as Dean from 1969 to 1975 and then returned to teaching. Isabel Harris passed away at the age of 93 in March of 2008.

***Kimi Hara's influence will be noted in future chapters.